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Massage Consultation Form Postcode: Tel (incl STD):  
Conditions And/or Symptoms Please Give Details If  
Answered Yes To Any Of The Questions To The Left -  
Have You Had An IUD FITTED IN THE LAST 12 WEEKS?  
Practice Address: DOB: Tick If You DO NOT Wish To  
Receive Newsletters Or Offers FEMALES ONLY - Date  
Of Last Period \_\_\_\_\_ 3th, 2024  
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Consent To ... Jul 01, 2012 · Area Of  
Massage To Be Performed? Treatment  
Description Advice Given / Feedback From  
Patient: Therapist Signed: Date: Supervisor:  
SM Sports Massage Consultation Form July  
2012. University Of 2th, 2024  
Massage Client Information And Consultation  
Form Massage Client Information And  
Consultation Form Do You Have Any Other  
Medical Conditions? Home/Cell Phone:  
Work Phone: Date Of Birth: Emergency  
Contact: Occupation: Reason For  
Appointment: Have You Ever Had A  
Professional Massage Before? YES NO ...  
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Practice, Duty Of Care Pertains To The Massage  
Therapist's Ethical And Legal Obligation To Avoid Acts  
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Integrity. In The Context Of Massage Therapy Practice,  
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Stimulate And Clear Congestions In The Meridians,  
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Can Achieve A State Of Balance. This Self-healing  
Process Is Facilitated By Specific Acupressure And  
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Toxins And Stimulate All The Organs Of The Body.  
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